

ACCELERANT DETECTION CANINE HANDLER APPLICATION
(9400)

(February 2002)

Name: _____ Date: _____

Classification: _____

Length of Time with Department: _____

Work Telephone: _____ Home Telephone: _____

My most recent employee evaluation form is attached:	YES	NO
I have received, read, and understand the Accelerant Detection Canine Section:	YES	NO

Following is a list of experience I feel is relevant to this position (use reverse if needed):

Applicant Signature: _____

(see HB Table of Contents)